

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **101780298** FILING DATE
APPLICANT(S)

10/19/05 12-12-05 CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									12-12-05	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51								/
2							52								/
3							53								/
4							54								/
5							55								/
6							56								/
7							57								/
8							58								/
9							59								/
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37							87								/
38							88								/
39							89								/
40							90								/
41							91								/
42							92								/
43							93								/
44							94								/
45							95								/
46							96								/
47							97								/
48							98								/
49							99								/
50							100								/
TOTAL IND.							TOTAL IND.	3					3		
TOTAL DEP.							TOTAL DEP.	43					44		
TOTAL CLAIMS							TOTAL CLAIMS	46					47		